

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000145827**

1. Entity Name

ALL PHYSICAL MEDICINE & REHABILITATION, P.A.



Principal Place of Business

720 SW 2ND AVENUE  
SUITE 202  
GAINESVILLE, FL 32501

Mailing Address

PO BOX 358492  
GAINESVILLE, FL 32635

**DO NOT WRITE IN THIS SPACE**



05082006 No Chg-P CR2E034 (11/05)

4. FEI Number

22-3508011

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

CUENCA, CARMEN  
709 NW 84TH ST.  
GAINESVILLE, FL 32607

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10.

OFFICERS AND DIRECTORS

TITLE	D
NAME	WASSEF, YOUSSEF MD
STREET ADDRESS	5148 NW 60TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 326534061
TITLE	S
NAME	YOUNATHAM, INAS F.
STREET ADDRESS	5148 NW 60TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000565726  
05/22/06-80010-001 150.00  
000000565726  
05/22/06-80010-002 8.75  
000000565726  
05/22/06-80096-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #